



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

Thomas G. Gatzunis, P.E.
Commissioner

The Commonwealth of Massachusetts
Department of Public Safety
State Boxing Commission
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200 Ext. 25257
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Nicholas P. Manzello
Chairman

Bernard J. Doherty
Commissioner

Gary J. Litchfield
Commissioner

IMPORTANT INSTRUCTIONS FOR COMPLETING LICENSE APPLICATIONS

Thank you for requesting an application for the position checked below.

☐ **Deputy Commissioner**

1. **PLEASE FILL OUT THE APPLICATION COMPLETELY. IF THE APPLICATION IS NOT FILLED OUT COMPLETELY, IT WILL BE RETURNED TO YOU.**
2. **PRINT CLEARLY AND LEGIBLE WITH A BALL POINT PEN. NO PENCILS.**

THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:

- ☒ Two color photographs of the applicant, passport photographs about **1 inch square in size.**
- ☒ A resume with your experience in boxing.

NOTE: IF YOUR APPLICATION IS INCOMPLETE OR ILLEGIBLE, WE WILL RETURN IT TO YOU. WE WILL NEED ANOTHER APPLICATION FROM YOU TO PROPERLY COMPLETED IN ORDER FOR YOU TO APPLY OR RENEW YOUR LICENSE. IF YOU FAIL TO SEND IN THE TWO COLOR PHOTOGRAPHS YOU WILL NOT RECEIVE YOUR LICENSE. I UNDERSTAND AND AGREE TO THE ABOVE INFORMATION.

SIGNATURE OF APPLICANT



The Commonwealth of Massachusetts
Department of Public Safety
State Boxing Commission

FOR ADMINISTRATIVE USE ONLY!
DO NOT WRITE IN THIS AREA!

This license was granted:

Date: _____

Expires: _____

License No: _____

APPLICATION FOR DEPUTY COMMISSIONER

IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 147, GENERAL LAWS, AND RULES AND REGULATIONS OF THE
MASSACHUSETTS STATE BOXING COMMISSION

DATE _____, 20____

I hereby make application for a license to act as a Deputy Commissioner at boxing and kickboxing matches.

(Please Print With Ball Point Pen)

Name	Assumed or "Ring" Name		
Address	Telephone No. ()		
City	State	Zip	Country

DATE OF BIRTH: Mon. _____ Day _____ Yr. _____ PLACE BORN: City _____ State _____ Country _____

HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. COLOR EYES _____ HAIR _____

COMPLEXION _____ DISTINGUISHING MARKS _____

OCCUPATION _____ EMPLOYER _____

EMPLOYER ADDRESS _____ TELEPHONE NO. () _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY

*Signature of Applicant _____

Pursuant to M.G.L. Chapter 62C, Section 49A. I certify under the penalties that I, to my best knowledge and behalf, have filed all state returns and paid all state taxes required under law.

**Social Security #

*Signature of Individual or Corporate Name

Federal Identification Number

By: _____
Corporate Officer
(If Applicable)

* This license will not be issued unless this certification clause is signed by the applicant

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of M.G.L. c.620 section 49A.

Form BX27A (rev. 12-14-00)